

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS

Registrar's No. 228

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		d. STREET ADDRESS (If rural, give location) <u>326 N. Main</u>
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			d. STREET ADDRESS		
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Rend</u> c. (Last) <u>Sherrad</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 - 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 17 - 1889</u>	9. AGE (In years) (Under last birthday) <u>59</u>	10. 1 Year If Under 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wapping Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Phillips</u>			14. MOTHER'S MAIDEN NAME <u>Rebecca Pettley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Gertrude Sherrad</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C. R. disease 5 yrs.</u> DUE TO (c) <u>4201 - 131A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>1949</u> , that I last saw the deceased alive on <u>3:30 p.m.</u> , 19 <u>49</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE (Degree or title) <u>[Signature]</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 22</u>	24c. NAME OF CEMETERY OR OBTURATORY <u>Cave Spring</u>	24d. LOCATION (City, town, or county) (State) <u>Muhl. Co Ky</u>		
25a. DATE REC'D BY LOCAL REG. <u>8-21-49</u>	25b. REGISTRAR'S SIGNATURE <u>Therese Helge</u>	25. FUNERAL DIRECTOR ADDRESS <u>Funeral Home Greenville, Ky</u>			